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PTO/SB/21 (08-03)

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/714,111	
	Filing Date	November 14, 2003	
	First Named Inventor	Charles D. Claude	
	Group Art Unit	1711	
	Examiner Name	Jeffrey C. Mullis	
Total Number of Pages in This Submission	7	Attorney Docket Number	50623.337

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Response to Restriction Requirement (3 pages) (in duplicate) <input type="checkbox"/> Amendment Transmittal Letter (in duplicate) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time (___ months) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ___ References <input checked="" type="checkbox"/> Express Mail Label No. EV 337978036 US <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Zhaoyang Li, Reg. No. 46,872
Signature	
Date	May 25, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: May 25, 2005			
Typed or printed name	Rebecca M. Klits		
Signature		Date	May 25, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application Of:

Examiner: Jeffrey C. Mullis

Charles D. Claude

Art Unit: 1711

Serial No: 10/714,111

Filed: November 14, 2003

For: BLOCK COPOLYMERS OF
ACRYLATES AND
METHACRYLATES WITH
FLUOROALKENES

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

Dear Examiner Mullis:

This communication is in response to the restriction requirement mailed on May 3, 2005.

The restriction requirement restricted claims 1-40 into four groups of claims: Group I, claims 1-15; Group II, claims 16-30; Group III, claims 31-35; and Group IV, claims 36-40. Applicants elect Group II claims, Claims 16-30, drawn to a medical device formed of a block copolymer that contains a fluorinated block and at least one non-fluorinated block.

Applicants elect the copolymer of claim 1 where R_1 is $\text{COOCH}_2\text{CH}_2\text{OH}$ and R_2 is H as the species of block copolymer for examination. Claims 16-19, 21-24 and 26-29 are all readable upon this copolymer.

Applicants elect antiproliferative as the species of agent for examination. An example of antiproliferative is 40-O-(2-hydroxy)ethyl-rapamycin (everolimus). Claims 21-30 are all readable upon antiproliferative as the elected bioactive agent.

Applicants further elect stent as the species of medical device for examination. Claims 16-30 are all readable upon stent as the elected medical device.

This election is being made without traverse, and Applicants reserve the right to filing of divisional applications.

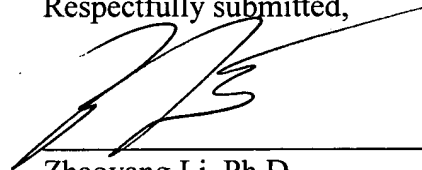
The undersigned authorizes the examiner to charge any fees that may be required or credit of any overpayment to be made to Deposit Account No. 07-1850.

Should the Examiner have any questions regarding this communication, the Examiner is invited to contact the undersigned at the telephone number shown below.

Date: May 25, 2005

Squire, Sanders & Dempsey L.L.P.
One Maritime Plaza, Suite 300
San Francisco, CA 94111
Telephone (415) 954-0200
Facsimile (415) 393-9887

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'Zhaoyang Li', written over a horizontal line.

Zhaoyang Li, Ph.D.
Attorney for Applicant
Reg. No. 46,872